STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

RECEIVED

JUL 13 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist	(s) <u>Paula Roge</u>	rs			
II. Name of lobbyist	's partnership, fi	rm or corpor	ation, if any:		
Anthem, Inc. a	nd Its Affiliate	5			
(Na	me of partnership, f	rm or corporati	on)		
1155 Elm St			Manchster	NH	03101
Business Address: (S	treet)	(To	wn/City)	(State)	(Zip Code)
(603) <u>541-2134</u> (Telephone)		()	(Fax)	e-mail <u>paula</u>	n.rogers@anthem.com
III. This statement or reportable expense t					ı may file a separate report for
All reportable trans	nsactions occurrin	g in the montl	as prior to the re	eporting date relative t	to the following client:
_Anthem, Inc. an	d Its Affiliates (Full Name of C	ient as it appea	rs on the Lobbyis	et Registration Form)	<u>3</u>
	•	bbyist (includ	ing the lobbyist	's family), or the lobb	ying firm listed below which are
IV. Date of Report Reports cover: acti	April 26, 2017 vity from date of re		31/17 ac	July 26, 2017 🗵	
•	October 25, 20 activity from 7/1/1	017 🗍		January 31, 2018 ctivity from 10/1/17 to 1	
V. There have bee If this box is checked, Concord, NH 03301.	n no fees receiv complete just thi.	ed and no re s form and sub	eportable tra	nsactions made sin cretary of State's Offic	ce the last report. \Box ce, State House, Room 204,
VI. Check if addition	nal reports are a	tached:			
🗓 If you have recei	ved fees or made	expenditures,	you must file A	ddendum A– Fees ar	nd Expenses
☐ If you have paid Expense Reimbursen		reimbursed ex	kpenses, you m	ust file Addendum B-	- Report of Honorariums or
If you, your firm	, or your family h	s made politi	cal contributior	s, you must file Adde	endum C- Political Contributions
and complete to the b	RSA 15-B, RSA in the second se	4-C and RSA dge and belief		y swear or affirm that	the foregoing information is true
(Signature of lobbyi	st)			7/10/20	(Date)
Paula Rogers (Print Name of John	vist)				

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paula Rogers				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Anthem, Inc. and Its Affiliates (Name of partnership, firm or corporation)				
III. Name of Client	Date			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services			
a) Total of all fees received in this reporting period	a) \$ <u>26,000.00</u>			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>26,000.00</u> ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$ _52,000.00			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid kpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>4,000.00</u>			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ _0.00			
c). Total of all itemized expenditures reported in detail in section VI.	c) \$ 52,000 00			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _56,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ _8,00 <u>0,00</u>
f) Total of all expenses year to date	f) \$64,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$ _ 0.00
	\$
	\$
	\$
	\$
·	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	7/10/2017(Date)
Paula Rogers	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Anthem, Inc, as (Name of p	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribule client/lobbyist and lobby			ter 664 paid on behalf of the
Full name of candidate:	Bradley (Last Name)	Jeb (First Name)	(Middle Name/Initial)
			s Seeking _State Senate_
			ls or services provided, and enter the
Full name of candidate:		Ted (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial) Seeking <u>Mayor of Manches</u>
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 250.00 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking <u>Mayor of Manches</u> ds or services provided, and enter th
Amount of contribution \$	(Last Name) 250.00 kind contribution, provide contribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contributions.	
If the contribution is an in-	(Last Name) 250.00 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good ve for amount of contributions.	Seeking <u>Mayor of Manches</u> ds or services provided, and enter th

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Name of Client	Anthem, Inc, and	Its Affiliates		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate:NH_Democratic Senate Caucas	(Name of partne	ership, firm or corporation)		
Full name of candidate: (Last Name) (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) (Middle Name/Initial)	III. Name of Client			Date
Amount of contribution \$ _250.00 Office Candidate is Seeking _NH_Senate Seats If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate:	For each political contribution	firm, indicate the fo	llowing:	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate:	Full name of candidate: _N	H Democratic Se (Last Name)	enate Caucas (First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate:	Amount of contribution \$ _25	0.00	Office Candidate i	s Seeking NH Senate Seats
Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate:				
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actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate:	Full name of candidate:	(Last Name)	(First Name)	
	Full name of candidate:	(Last Name)	(First Name)	
	Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking
·	Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking Is or services provided, and enter the

actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."		
	· · · · · ·	
(If more than three contributions were made, report as	dditional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyis	st	
I have read RSA 15, RSA 15-B and RSA 66 is true and complete to the best of my know	64 and hereby swear or affirm that the foregoing information rledge and belief.	
•	•	